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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J73965**

1. Corporation Name
D & D SMITH CONSTRUCTORS, INC.



Principal Place of Business
**4947 CASABA PLACE
 ORLANDO FL 32812**

Mailing Address
**2500 KUNZE AVE.
 SUITE B
 ORLANDO FL 32806
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 Kunze Ave

2a. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
ORLANDO, FLA

City & State
FLA

Zip Country
32806 U.S.A.

Zip Country

3. Date Incorporated or Qualified
05/21/1987

4. FEI Number
59-2853654

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**SMITH, DWIGHT D.
 4947 CASABA PLACE
 ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name **Smith Dwight D**
 82 Street Address (P.O. Box Number is Not Acceptable)
13561 SUNSET LAKES Circle
 83
 84 City **Winter Garden FL** 85 Zip Code **34787**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D SMITH, DWIGHT D.**
 STREET ADDRESS **4947 CASABA PLACE**
 CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 NAME **Smith Dwight D**
 1.2 STREET ADDRESS **13561 Sunset Lks Circle**
 1.3 CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dwight D. Smith** *[Signature]* **2.1.99** **407.422.3232**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)